

Healthy Sexuality Development in Young Children

by Kent Chrisman and Donna Couchenour

Upon arrival at preschool, Chelsea said to her teacher, "Ms. Kate, my mom says you're going to have a baby and that's why you're tummy is so big. Are you gonna have a baby?" The preschool teacher replies, "Yes, Chelsea, I'm going to have a baby." Chelsea asks, "How did the baby get in your tummy?"

Early childhood educators who work with young children and their families have many responsibilities, tasks, and issues in their daily jobs. Healthy sexuality development is one of those issues that is ignored or is only dealt with as an abrupt reaction to words or behaviors of children. This article attempts to illustrate some developmental expectations of young children and guidelines for staff and families that will help to prepare them to deal with healthy sexuality development in a more proactive manner.

Some of the basic assumptions that undergird information in this article have been previously stated in the authors' book, *Healthy Sexuality Development in Young Children: A Guide for Early Childhood Educators and Families* (2002), published by the National Association for the Education of Young Children (NAEYC). These basic assumptions are:

- Sexuality development is part of typical human development.



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- Sexuality development in young children is different from adult or adolescent sexuality development.
- Children learn about sexuality the same way that they learn about everything else: through words, actions, interactions, and relationships.
- Some children have greater interest in sexual words or in physical contact (touching genitalia/masturbation) than other children.
- Understanding healthy sexuality development is not the same as understanding child sexual abuse or neglect issues.
- Family involvement is essential when planning for healthy sexuality development in early childhood programs.

Keeping these assumptions in mind as we examine healthy sexuality development from a variety of roles and perspectives will serve as a framework to better understand this topic. It is important to understand the many perspectives of healthy sexuality development because this issue tends to be personal, emotional, and often controversial.

Thinking about children

Young children develop as a whole; not separated into different areas of development. Part of this whole is sexuality development. Just as children have individual language, thought, and physical patterns, they also have individual sexuality patterns. Their feelings, words, and thoughts about sexuality are very different than adult or adolescent thoughts, language, and feelings. So when we observe sexual behavior or hear sexual words in young children we need to keep their developmental level in mind, as we do with all other areas of development (physical, cognitive, social, and emotional).

It is important for early childhood staff and families to understand that children's sexuality is different from adult sexuality in at least the following ways (Rothbaum, Grauer, & Rubin, 1997):

Children treat sexuality as curiously and playfully as they treat other areas of interest. Young children are curious about their bodies, and other people's bodies in terms of both similarities and differences. Children take this interest much less seriously than do adults.

Children are spontaneous and open about their interest in bodies and reproduction. Young children have not experienced questions, comments, or behaviors that are private in nature. They will ask questions or engage in behaviors without considering suitability of time or place. For example, one five year old asked his Sunday School teacher, "What is sex?"

Children find topics of sexuality both exciting and disgusting. They are interested in adult displays of affection, but often add a "yuck" or "gross" comment as their critique.

Another useful understanding about children's sexuality development is that it is related to all of the developmental processes (Couchenour & Chrisman, 1996). Some examples for each area of development follow:

- Physical development: Children are interested in exploring all of their body parts as well as in their bodily functions. They touch their genitals because it feels good. Preschoolers are notorious for their interest in urination and defecation.
- Cognitive development: Young children are curious and want to know facts about where babies come from, even if their understanding is different from that of older children and adults. They learn accurate names for all of their body parts.
- Social development: Young children establish friendships and learn how to get along with others. They are developing a conscience as they learn right from wrong.
- Emotional development: When children feel good about themselves, they can feel good about others. They are learning appropriate ways of expressing their emotions, both positive and negative.

Thinking about teachers and staff

All of the adults who work with young children need to be child-centered, that is, continually focusing and refocusing on what is best for young children. Understanding healthy sexuality development is no different than understanding other areas of development; teachers and other staff need to think about and act on the needs of each child. What are children

saying and what are they doing? As staff listen to their questions, observe their actions, and respond in age appropriate ways, they must avoid overreacting or ignoring sensitive situations. Caring, well-trained adults act on the basis of meeting the individual child's needs.

In some cases that may mean that we quietly and calmly give matter-of-fact direction or confirmation of facts, such as "Pull your pants up and choose another center," or "Yes, that is your vulva." Sometimes it will take practice to be able to say these words without excessive emotion, hysteria, or embarrassment. It may also mean that teachers and staff will need to do some personal reflecting and thinking about their own sexuality understandings and work to separate those from their understanding of children's sexuality development. Separating adult sexuality ideas from children's sexuality development takes practice and effort.

In the interviews we conducted with teachers, we found that most early childhood educators had had training in child abuse/child neglect identification and reporting. We also found that most teachers had not had any training in sexuality development; this was true even if they had taken a child development course at any level (Couchenour, Gotshall, Chrisman, & Koons, 1997).

Thinking about families

Although family involvement is important in all areas of early childhood education practice, it is essential for the development of healthy sexuality. Early childhood educators must communicate with families through handbooks, promotional literature, policies, workshops, conferences, etc. These communications must be non-judgmental, developmentally based, and non-stereotypical. Here are some examples of such communications:

- Both girls and boys will be able to put on any clothing that is out in the dramatic play center;
- Stories will be read that include a variety of family configurations;
- Anatomically correct words, penis and vagina, will be used;
- Children who masturbate will be guided to understand; that this is personal behavior and is appropriate for private time but not group time (just as other bodily functions are not appropriate in group settings, but are private and personal).

BEGINNINGS WORKSHOP

Dear Families:

Children (in preschool, kindergarten, first, second, third grade) often ask questions that demonstrate their curiosity about their bodies, other people's bodies, where babies come from, and ways that boys and girls are alike and different. In our program, we will respond to children's questions honestly, but not overwhelm them with information for which they are not ready. We will communicate with families about current interests or situations that occur at school.

Children sometimes touch their genital areas or those of other children. Although these behaviors are not unusual in young children, we will remind children that touching their own genitals is private behavior and that they may not touch private parts of other children's bodies.

Our school has books, articles, web site information, and videos about healthy sexuality development in young children in the parent resource room. We encourage you to investigate these resources. Please let us know your questions or concerns.

Sincerely,
(Teacher's or director's name)

Thinking about the board and community

If you have a governing board or an advisory board, it is recommended that sexuality statements be included in handbooks, policy manuals, and other governance documents. These statements may be general but need to underscore the general principles outlined in the introduction to this article. It is important that healthy sexuality development guidelines stand apart from board guidelines for reporting child abuse and neglect and that they are embedded in our best under-

standing of children's development. Board members may need some information provided before wording for policies are adopted. This information may be provided through reading material, workshops, or child development guest speakers.

Community responses to understanding healthy sexuality will vary. Basing your staff development, policies, and programs on child-centered practices is the best response to community questions or concerns. Having board policies will also serve as the framework for answering questions from the media, prospective parents, or groups that may oppose attention to healthy sexuality development in young children (or define healthy in different ways).

Conclusion

Ignoring or overreacting to children's interest in their bodies and their curiosity about where babies come from may have a negative impact on healthy sexuality development. Although the topic of healthy sexuality is relatively new in terms of written information for early childhood programs, it is not a new topic for providers. Most early childhood educators have had frequent, if not regular situations that call for a response. Professional preparation for these occurrences is the best way to assure that we will respond to children, families, and community members in ways that promote the healthy development of each child.

References

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